



Photos by Diane Rodriguez

Tenas Illahee Childcare Center • Siletz, Oregon • Sept. 24, 2012

Several children receive a hands-on experience in cement by leaving handprints in what became the base for a bench along the walking path by the child care center, Siletz Rec Center and Tillicum Fitness Center. Despite encouragement from several adults, some kids just didn't want to do this, but those who took part didn't seem to mind getting dirty (and quickly cleaned up in a nearby bucket of water).



Courtesy photo

Vanessa Williams and her daughter, Sierra, carry a banner to celebrate National Recovery/Wellbriety Month at the annual Hands Across the Bridge event in Newport, Ore., in September.

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We do not provide any cigarette disposal units, so please keep all of your tobacco products in your personal vehicle. We do not have designated smoking areas, so no smoking in the parking lot, in your car or behind the building. Thank you for helping to keep our clinic tobacco-free and clean.



Tooth Talk: Herpes simplex virus and those pesky bothersome cold sores

By Mary Ellen Volansky, EPDH, MS

Do you agree with me that cold sores feel huge, even when they are just a small bump on our lip?

Yes, we know it will grow and as it does it seems to take on a life of its own, shouting to everyone, “Hey, look at this thing on my lip!”

To my way of thinking, this is an unnecessary addition to the global discomfort, and even shame, many of us experience with a cold sore.

We have nothing to be ashamed of! Are we ashamed if we have a cold? No. Are we ashamed of having the flu? No. Then why are most of us ashamed if we have a cold sore?

Most of us got the initial herpes simplex virus (HSV-1) infection when we were young children. As Medline Plus reports, “Most people in the United States are infected with this virus by age 20.”

We did nothing to acquire this virus, nothing. There – it is said and it is true! Will that stop the shimmer of shame that pops up along with the blisters? I doubt it, but I can hope.

The weakest and first signal of a cold sore is the tingling inside of the lip or a slight tenderness, then the tingling. Tingling? That is the word they give to the feeling that a nerve is worming about inside our lip.

You then just want to massage the area – don't. Woe the urge to touch them,

to soothe them. Keep your hands and tongue away; allow the blister to work its own course.

Keeping our hands away from a cold sore during its 10- to 14-day existence is important. Our hands carry bacteria that can additionally infect the cold sore, making it larger and last longer.

The course of a cold sore can include redness, swelling, pain, blisters and the most annoying of symptoms, the button (as I call it) or scab.

Because the scab is dry, this button catches your tongue as you talk. Or it catches your tongue when, as tongues are wont to do, you check the scab to make sure it is still there – as if you don't already know it's still there. And if this button comes off too soon, the removal will lengthen the healing time and add more discomfort for you to endure.

When this weakest of cold sore symptoms, tingling, returns a day or two into an outbreak, you know you are in for a whole new collection of blisters.

Herpes simplex type 2 (HSV-2) usually causes genital herpes. It can sometimes spread to the mouth during contact with infected body areas.

Skin contact is not the only means of transmission of the HSV-2 virus. You can get it by touching items used by an individual who is infected. Touching such common everyday items as razors, towels, dishes and other shared items can cause

the transfer of this virus. It can be spread to children during regular daily activities.

Back to the HSV-1 virus, which has two stages. The first is primary herpetic gingivo-stomatitis. This is the initial infection that begins with “high temperature, malaise, irritability, headache and pain in the mouth. This is followed in one to three days by numerous coalescing vesicles that rupture within 24 hours, leaving painful small, round, shallow ulcers covered by a yellowish-grey pseudomembrane (covering) and surrounded by an erythematous (red) halo. These ulcers gradually heal in 10-14 days without scarring.”¹

The second stage of this infection is called herpes labialis. This is the stage most of us are in if we get cold sores. It is reactivation of the HSV-1 virus that rests in nerve endings. This reactivation is associated with fever, emotional stress, menstruation, light exposure, cold weather, mechanical trauma, etc.²

How many times have you experienced one of these events and not gotten a cold sore? It appears it is caused by everything and nothing. The book I used as reference doesn't even say “caused by” but used the words “associated with” instead.

Blisters or rash may form on your gums, lips, mouth and throat. Symptoms include:³

- Itching of the lips or skin around the mouth

- Burning near the lips or mouth area
- Tingling near the lips or mouth area

Now the help – yes, there is some.

For people who get frequent cold sores, antiviral medicines are available by prescription – acyclovir, famciclovir, and valacyclovir. These medicines work best if taken at the first warning signs of a cold sore before any blisters show themselves. A few people who get cold sores all the time take one of these medicines all the time.

There are antiviral skin creams too. They have limitations, are expensive and only shorten the outbreak by a few hours to a day.⁴

Next month I'll cover the alternative medicine options available for treating and preventing cold sores. The one I use is lysine. There are more, even a couple of options that have been helpful for infections that are resistant to acyclovir. I'll cover what they are and the limited research available about them.

One last comment, “Canker sores are not contagious.”⁵

- 1 Color Atlas of Oral Disease by George Laskaris, 1994, p. 116
- 2 IBID, p. 118
- 3 Medline Plus at nlm.nih.gov/medlineplus/ency/article/000606.htm
- 4 nlm.nih.gov/medlineplus/ency/article/000606.htm, page 2
- 5 nlm.nih.gov/medlineplus/ency/article/003059.htm